



# Application for Coverage

## AQUATIC PESTICIDE GENERAL PERMIT

### Notice of Intent

To comply with the terms of the statewide general National Pollutant Discharge Elimination System (NPDES) permit for discharges of aquatic pesticides to control nuisance vegetation and algae to surface waters of the state  
(General Permit)

☐ Change of Information Only

Permit # WAG -\_- -\_- -\_-

Lake Name: \_\_\_\_\_

#### I. PERMITTEE:

Association/sponsor name:	Business/company name:
	Business owner name:

#### II. MAILING AND CONTACT INFORMATION:

Contact name:	Business contact name:
Mailing address:	Business mailing address:
City:                      Zip + 4:	City:                      Zip + 4:
E-Mail address: Daytime phone: Cell phone:	E-Mail address: Daytime phone: Cell phone: UBI:

#### III. PERMIT BILLING ADDRESS INFORMATION:

Contact name:	Phone:
Mailing address:	City:                      Zip + 4:

#### IV. APPLICATION TYPE:

<input type="checkbox"/> New Permit
<input type="checkbox"/> Existing Discharger *If you have checked Existing Discharger section V does not apply, please proceed to section VI.
<input type="checkbox"/> New Discharger *If you have checked New Discharger or Permit Coverage Modification, section V must be completed.
<input type="checkbox"/> Permit Coverage Modification                      Permit No. WAG-_- -_- *If you have checked New Discharger or Permit Coverage Modification, section V must be completed.
Reason for modification:

Washington State use ONLY:

Permit Number	Ecology Region	W.R.I.A.	Date Received	Coverage Date
	<input type="checkbox"/> <input type="checkbox"/>			

**V. STATE ENVIRONMENTAL POLICY ACT (SEPA):**

1. Has SEPA review been completed? ☐ Yes ☐ No Date: \_\_\_\_\_
2. Lead agency issuing SEPA Determination: \_\_\_\_\_
3. Type of SEPA Determination: ☐ DNS ☐ DS ☐ Mitigated DNS

**VI. BMP's EMPLOYED TO REDUCE POLLUTANTS :**

1. Indicate the status of your Integrated Aquatic Vegetation Management Plan (IAVMP) and the request for coverage under this general permit. Please check (☒) the correct paragraph below and fill in the blanks in that paragraph.

☐ This is an application for coverage under this general permit and a IAVMP previously approved by Ecology on \_\_\_\_\_ and titled \_\_\_\_\_. I want coverage for the duration of the permit or until such time as a significant revision of the plan is necessary and submitted to Ecology for approval.

☐ This is an application for coverage under this general permit. An IAVMP is included for approval. The IAVMP is dated \_\_\_\_\_ and titled \_\_\_\_\_. I want coverage for the duration of the permit or until such time as a significant revision of the plan is necessary and submitted to Ecology for approval. I understand that multi-year coverage is contingent upon Ecology's approval of the IAVMP.

☐ This is an application for coverage under this general permit with submittal (enclosed) of a significant modification to my Ecology approved IAVMP. The original IAVMP was approved by Ecology on \_\_\_\_\_ and titled \_\_\_\_\_. I want coverage for the duration of the permit or until such time as another significant revision of the plan is necessary and submitted to Ecology for approval. I understand that multi-year coverage is contingent upon Ecology's approval of the modification of the IAVMP.

☐ This is a submittal of a minor modification to my IAVMP and does not affect my coverage under this general permit.

☐ This is an application for coverage under this general permit for one season coverage without a IAVMP (only two coverage's will be allowed per permit cycle). This is my (first or second) application under this permit.

2. Do you have a spill plan that is complete and up to date? ☐ Yes ☐ No

**VII. WATERBODY INFORMATION:**

1. Name of receiving water (river, lake, creek, stream, wetland):

2. What is the size of the waterbed in acres?

3. What is the mean depth?

4. What is the maximum depth?

5. How many times has this waterbody been treated within 10 years?

6. Describe all recreational uses within the treatment area(s):

7. Does this waterbody have any inlets or outlets (including springs if known)? ☐ Yes ☐ No

a. Name and describe the waterbody inlets:

b. Name and describe the waterbody(s) the outlet flows to:

8. Is the water body(s) or the outlet it flows to, on the EPA 303(d) listing for any pollutant or parameter?  
☐ Yes    ☐ No  
a. Name the pollutant or parameter for the water body: \_\_\_\_\_  
b. Name the pollutant or parameter for the outlet: \_\_\_\_\_

9. Is the receiving water, or the waterbody that the outlet flows to, a part of a designated critical habitat of a species listed under the Endangered Species Act (ESA) or is the waterbody in an Evolutionary Significant Unit (ESU) of a species listed under the Endangered Species Act?    ☐ Yes    ☐ No  
a. If yes, name the species or ESU: \_\_\_\_\_  
b. And, submit a mitigation plan to Ecology and the Department of Fish and Wildlife with this application on what measures you are going to take to eliminate or minimize any adverse affects the pesticide may have.

10. Water Resource Inventory Area (WRIA): \_\_\_\_\_

11. City: \_\_\_\_\_ County: \_\_\_\_\_

12. Legal description of site (use both of the following):  
a.                ¼                ¼; Section:                Township:                Range:  
b. Latitude:                Longitude:                (Specify degrees, minutes, and seconds)

13. Provide concise written directions: \_\_\_\_\_

# VIII. PLANT AND CHEMICAL INFORMATION:

1. Target plant/organism:    ☐ Algae                ☐ Aquatic emergent                ☐ Aquatic submerged  
☐ Other (list): \_\_\_\_\_

2. Are there any plants in this waterbody that have been identified by the Department of Natural Resources (DNR) as sensitive, threatened or rare?    ☐ Yes    ☐ No  
If yes, attach a copy of DNR's findings and a detailed onsite plant survey performed by an aquatic biologist or a professional wetland scientist, depending on the plant identified.

3. Pesticides planned for use:

Chemical and product name	Adjuvant, if used	Concentration (PPM or %)	Amount (In gallons of lbs.)	Acres to be treated	Targeted plant name by genus (species if known)
Glyphosate (Rodeo®)					
Endothall (Aquathol®)					
Fluridone (Sonar®)					
2,4-D BEE					
2,4-D DMA					
Endothall (Hydrolthol 191®)					
Aluminum Sulfate					
Green Clean					
Diquat					
Other:					

4. Total amount of acres to be treated:

5. Provide a treatment map with this application that includes the following: location(s), size of treatment area(s) in acres, target plants within the treatment area, non-target plants within the treatment area, names and locations of inlets and outlets, boat launches, swimming beaches, and direction of water flow. Also, include areas where other methods of plant management are used, such as raking, bottom barriers, harvesting, cutting, hand pulling, etc.

#### IX. REGULATORY STATUS: (Applicator Information Only)

1. Department of Agriculture Pesticide Applicator License number: \_\_\_\_\_

2. Department of Agriculture Pesticide Applicator License expiration date: \_\_\_\_\_

3. ☐ Licensee has an Aquatic Endorsement or will be supervised by someone with an Aquatic Endorsement.

4. ☐ My renewal has been satisfied and will remain current.

#### IX. CERTIFICATION

*"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I certify that the provisions of the permit, including developing and implementing a monitoring program, will be complied with."*

Printed name of contractor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of Sponsor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If you need this information in an alternate format, please contact us at 360-407-6404. If you are a person with a speech or hearing impairment, call 711 or 800-833-6388 for TTY.*

# **Application Instructions for a General Permit to Discharge**

## **Aquatic Pesticides Associated with the Control of**

### **NUISANCE VEGETATION AND ALGAE**

#### **Introduction**

This is an instruction document for the preparation of an application, referred to as a Notice of Intent (NOI), for coverage under a National Pollutant Discharge Elimination System (NPDES) General Permit for discharges associated with the control of nuisance vegetation and algae in the state of Washington. This NPDES General Permit (General Permit) applies to discharges to a lake, river, stream, pond, or wetland.

#### **Activities Covered**

Aquatic nuisance plant and algae control activities discharging herbicides or algaecides directly or indirectly into surface waters of the state of Washington. It is also for indirect algae control through the use of aluminum sulfate to control phosphorus.

#### **Who Must Apply**

The individual or organization sponsoring the nuisance aquatic plant and/or algae control activities and the contractor.

#### **When to Apply**

Notify the Ecology by submission of a completed application form, known as a NOI, requesting coverage under this permit at least 38 days prior to the planned activity resulting in the discharge to waters of the state. The application shall contain a copy of the public notice and the expected date of the second publication.

Publish two (2) notices, with the second notice published at least one week after the first notice, in a local newspaper of general circulation. The notice shall state that an application for coverage has been made pursuant to Section 173-226-130(5) WAC. The date of the second publication constitutes completion of public notice. The thirty (30) day comment period starts on the date of second publication.

**NOTE:** If the applicant does not receive notification of the coverage decision from Ecology, coverage will commence 38 days after the date of the second public notice.

#### **Where to Apply**

Mail the *signed* NOI to the following regional Ecology office containing the water body:

Washington Department of Ecology  
Water Quality Program  
Aquatic Pesticide Permit Manager  
Southwest Regional Office  
P.O. Box 47775  
Olympia, WA 98504-7555

Washington Department of Ecology  
Water Quality Program  
Aquatic Pesticide Permit Manager  
Northwest Regional Office  
3190 – 160<sup>th</sup> Ave. SE  
Bellevue, WA 98008-5452

Washington Department of Ecology  
Water Quality Program  
Aquatic Pesticide Permit Manager  
Central Regional Office  
15 West Yakima Ave. Suite 200  
Yakima, WA 98902-3401

Washington Department of Ecology  
Water Quality Program  
Aquatic Pesticide Permit Manager  
Eastern Regional Office  
N. 4601 Monroe, Suite 100  
Spokane, WA 99205-5452

#### **Fees**

There is no application fee. You will be billed for permit fees after the permit is issued. Call (360) 407-6425 for questions relating to fees.

# Line-By-Line Instructions for Completing the Notice of Intent (NOI)

*Please print in ink or type.*

## Completing the Notice of Intent (NOI)

The NOI is an official document committing the permittee(s) to compliance with the requirements of the General Permit. It should be completed accurately, completely, and legibly.

## Change of Information

Check this box if information included in a previously submitted NOI application, in which permit coverage was granted, has changed. An example of a change could be a new contact person, billing address, etc. Include your assigned permit number in the upper right hand corner of the NOI. Your assigned permit number is in the upper right hand corner of the first (title) page of your permit. Complete only those sections of the NOI needing change. Please submit a transmittal letter which confirms/explains the change of information in the NOI.

## Permit Number

Use only if you are reporting "Change of Information."

## Section I – Permittees

Give the homeowner association name, and/or landowner or owner representative name (Sponsor) that is responsible for hiring the contractor. Also give the name of the business and the name(s) of the business owner(s) providing the pesticide application services (Contractor).

## Section II – Mailing and Contact Information

Give the name, address, telephone number, and e-mail for the person that owns or legally represents the site, and also for the person who will be doing the pesticide application. The contact person(s) should be someone who is completely familiar with the site and charged with overseeing compliance with the permit. The permit and all other correspondence will be sent to the contact mailing address provided.

## Section III – Billing Address Information

Indicate where the annual and final permit fee invoices should be sent. Also provide a contact person and phone number of who can answer any questions on the billing invoices.

## Section IV – Application Type

- Check **new permit** if this is a new permit or if you are renewing your permit.
- Check **"Existing Discharger"** if you have *been issued* a NPDES permit for the control of nuisance aquatic plants and/or algae in previous years.
- Check **"New Discharger"** if you have *never been issued* an NPDES permit, or if you are proposing to begin new activities which will result in a discharge or potential discharge to waters of the state.
- Check **permit modification** and provide the permit number if you have a permit and are requesting a modification to the permit or specific conditions of the permit, *i.e.*, add acreage, chemical(s), etc. Provide an explanation or reason for requesting a modification.

## Section V – State Environmental Policy Act (SEPA)

(SEPA must be done prior to submission of an application. If you require further information on how to proceed with SEPA, contact Ecology.)

1. Check appropriate box. Enter May 15, 2002 for the date the agency issued the determination.
2. Provide the name of the agency that issued the determination.
3. Check the box for Determination of Nonsignificance (DNS).

## Section VI – BMP's and IAVMP Status

1. Check the appropriate box and fill in the blanks.
2. Provide information requested.
3. Check the box to confirm that you will follow directions, requirements and restrictions.

## **Section VII – Waterbody Information**

1. Provide the name of the water body that will be receiving the treatment. Only one water body may be proposed for treatment in this application.
2. Provide the information required.
3. Provide the information required.
4. Provide the information required.
5. Provide the information required.
6. List all recreational uses within the treatment area(s).
7. Check the appropriate box.
  - a. Indicate the name of the water body that flows into the receiving water, if the inlet has no name, describe the type of water flowing into the receiving water. If the waterbody has springs or is spring fed, include this information.
  - b. Indicate the name of the first downstream water body(s) with an assigned name. Indicate whether the water body initially flows to unnamed receiving water(s) prior to flowing into the named receiving water(s).
8. The 303(d) list identifies water bodies that do not meet water quality criteria for one or more parameters. Check to see if your target water body or the waterbody that it flows into is listed for any parameters, including copper, phosphorous and/or pesticides on the internet at <http://www.ecy.wa.gov/programs/wq/303d/1998/1998-index.html> Check the appropriate box. If you do not have access to the internet, call your regional contact for a hard copy.
  - a. & b. Identify the pollutant/parameter. If your proposed treatment will increase the level of any parameter, you may have to use an alternative treatment or provide mitigation. In certain cases, Ecology may not be able to issue a permit.
9. Information about Environmental Species Act (ESA) listings can be found in the attached list or on the internet: <http://www.governor.wa.gov/esa/regions.htm> and <http://www.wa.gov/wdfw/wlm/diversty/soc/etsc9907.pdf> If your proposed treatment will have an adverse impact on a listed species, you may have to use an alternative or restricted treatment. In certain cases, Ecology may not be able to issue a permit.
10. The Water Resource Inventory Area (WRIA) number is on the attached WRIA map. Also see [http://www.ecy.wa.gov/programs/wq/303d/1998/1998\\_by\\_wrias.html](http://www.ecy.wa.gov/programs/wq/303d/1998/1998_by_wrias.html) for a general map (high resolution individual WRIA maps are being updated) and <http://www.ecy.wa.gov/programs/eap/wrias/index.html> for more detailed individual WRIA maps.
11. Give the name of the city that the waterbody is located in. If the waterbody is not located in a city, give the name of the nearest city. Also provide the name of the county the waterbody is located in.
12. Provide the information requested. Latitude and longitude must be provided in degrees, minutes and seconds.
13. Provide concise written directions in the space provided, do not refer to an attached map.

## **Section VIII – Plant and Chemical Information**

1. Check all that apply.
2. Department of Natural Resources (DNR) must be consulted by contacting the Environmental Review Coordinator at (360) 902-2543 prior to submitting the application. Attach a copy of DNR's findings if a rare or sensitive plant is identified, and a detailed site survey.
3. Provide the information requested. The target plant must be named by genus, at least.
4. Provide the information requested.
5. A treatment map is required and must show the locations and indicate the size of **ALL** the treatment areas and include the target plant name and any non-target plants in the treatment area. Provide the names and locations of inlets and outlets, boat launches, swimming beaches, direction of water flow, and any areas where other methods of plant management are used. No permit will be issued without a sufficient map.

## **Section IX – Regulatory Status (applicator information only)**

Check the boxes to confirm that the applicator meets the Department of Agriculture's criteria for applying aquatic pesticides and provide the necessary information.

## **Section X – Certification**

The sponsor and contractor (business owner) must both sign and date the NOI.